| <b>Application</b> | or Docket | Number |
|--------------------|-----------|--------|
|                    |           |        |

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

| (Column 1) (Column 2)                                                                                                                                                                                                   |                                                                                                     |                                           |                |                                             | SMALL ENTITY TYPE |                     | OR                     | OTHER THAN OR SMALL ENTITY |                     |                        |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------|-------------------------------------------|----------------|---------------------------------------------|-------------------|---------------------|------------------------|----------------------------|---------------------|------------------------|
| TOTAL CLAIMS                                                                                                                                                                                                            |                                                                                                     | 10                                        |                |                                             | RATE              | FEE                 | 7                      | RATE                       | FEE                 |                        |
| FOR                                                                                                                                                                                                                     |                                                                                                     | NUMBER                                    | FILED NU       | MBER EXTRA                                  | BASIC FEE         | 1                   | OR                     | BASIC FEE                  | }                   |                        |
| TOTAL CHARGEABLE CLAIMS                                                                                                                                                                                                 |                                                                                                     |                                           | // minus 20= * |                                             | 0                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
| INDEPENDENT CLAIMS                                                                                                                                                                                                      |                                                                                                     |                                           | minus 3 = *    |                                             | 0                 | X43=                |                        | OR                         | X86=                |                        |
| MULTIPLE DEPENDENT CLAIM PRESENT                                                                                                                                                                                        |                                                                                                     |                                           |                |                                             |                   | +145=               |                        | OR                         | +290=               |                        |
| * 11                                                                                                                                                                                                                    | * If the difference in column 1 is less than zero, enter "0" in column 2                            |                                           |                |                                             |                   |                     | 985                    | OR                         | TOTAL               |                        |
|                                                                                                                                                                                                                         | C                                                                                                   | LAIMS AS A                                | MENDE          | - PART II                                   |                   |                     |                        |                            | OTHER               | THAN                   |
|                                                                                                                                                                                                                         | <del>,</del>                                                                                        | (Column 1)                                |                | (Column 2)                                  | (Column 3)        | SMALL               | ENTITY                 | OR                         | SMALL               | ENTITY                 |
| AMENDMENT A                                                                                                                                                                                                             |                                                                                                     | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                         | Total                                                                                               | *                                         | Minus          | **                                          | =                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                                         | Independent                                                                                         | *<br>ENTATION OF ME                       | Minus          | PENDENT CLAI                                | =                 | X43=                |                        | OR                         | X86=                |                        |
| <u> </u>                                                                                                                                                                                                                |                                                                                                     |                                           |                | ENDERT OF                                   |                   | +145=               |                        | OR                         | +290=               |                        |
|                                                                                                                                                                                                                         |                                                                                                     |                                           |                |                                             |                   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                         |                                                                                                     | (Column 1)                                |                | (Column 2)                                  | (Column 3)        | ADDIT. I'LL         |                        |                            |                     |                        |
| B                                                                                                                                                                                                                       |                                                                                                     | CLAIMS<br>REMAINING                       |                | HIGHEST<br>NUMBER                           |                   |                     | ADDI-                  | ı                          |                     | ADDI-                  |
| AMENDMENT 8                                                                                                                                                                                                             |                                                                                                     | AFTER<br>AMENDMENT                        |                | PREVIOUSLY<br>PAID FOR                      | PRESENT<br>EXTRA  | RATE                | TIONAL<br>FEE          |                            | RATE                | TIONAL<br>FEE          |
|                                                                                                                                                                                                                         | Total                                                                                               | *                                         | Minus          | **                                          | =                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                                         | Independent                                                                                         | <b>*</b> .                                | Minus          | ***                                         | =                 | X43=                |                        | OR                         | X86=                |                        |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                                                                                                                                          |                                                                                                     |                                           |                |                                             |                   |                     |                        |                            |                     |                        |
|                                                                                                                                                                                                                         |                                                                                                     |                                           |                |                                             |                   | +145=               |                        | OR                         | +290=               |                        |
|                                                                                                                                                                                                                         |                                                                                                     |                                           |                |                                             |                   | TOTAL<br>ADDIT. FEE |                        | OR                         | TOTAL<br>ADDIT. FEE |                        |
|                                                                                                                                                                                                                         |                                                                                                     | (Column 1)                                |                | (Column 2)                                  | (Column 3)        |                     |                        |                            |                     | •                      |
| AMENDMENT C                                                                                                                                                                                                             | `                                                                                                   | CLAIMS<br>REMAINING<br>AFTER<br>AMENDMENT |                | HIGHEST<br>NUMBER<br>PREVIOUSLY<br>PAID FOR | PRESENT<br>EXTRA  | RATE                | ADDI-<br>TIONAL<br>FEE |                            | RATE                | ADDI-<br>TIONAL<br>FEE |
|                                                                                                                                                                                                                         | Total                                                                                               | *                                         | Minus          | **                                          | =                 | X\$ 9=              |                        | OR                         | X\$18=              |                        |
|                                                                                                                                                                                                                         | Independent                                                                                         |                                           | Minus          | ***                                         | =                 | X43=                |                        | OR                         | X86=                |                        |
|                                                                                                                                                                                                                         | FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM                                                      |                                           |                |                                             | М                 |                     |                        |                            |                     |                        |
| * If the entry in column 1 is less than the entry in column 2, write "0" in column 3.                                                                                                                                   |                                                                                                     |                                           |                |                                             |                   |                     |                        |                            |                     |                        |
| **                                                                                                                                                                                                                      | ** If the "High st Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT FEE |                                           |                |                                             |                   |                     |                        |                            |                     |                        |
| ***If the "Highest Number Previously Paid F r" IN THIS SPACE is less than 3, nter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. |                                                                                                     |                                           |                |                                             |                   |                     |                        |                            |                     |                        |